

Foster Family Home - Corrective Action Report

Provider ID: 2-523325

Home Name: Rudilia Agpoon, CNA

Review ID: 2-523325-7

1639 Kinoole Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 2/26/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN, MSN
Compliance Manager

Rudilia Agpoon
Primary Care Giver

2/26/19
Date

2/26/19
Date